

ALABAMA FAIR CAMPAIGN PRACTICES ACT
POLITICAL COMMITTEE
PRE-ELECTION REPORT
SUMMARY FORM 1

Please Print in Ink or Type.

Name of Political Committee (as appears on Statement of Organization)		Acronym for PAC	
Address (as appears on Statement of Organization) <input type="checkbox"/> Check box if reporting new address			
City	State	ZIP Code	Telephone Number

Type of Election

(check one)

- ☐ Primary Election
☐ Primary Runoff
☐ General Election
☐ Special Election

Election Date

Type of Report (check one)

- ☐ 10-5 Day Pre-Election Report
☐ 45 Day Pre-Election Report
☐ Amended Pre-Election Report

CHECK ONE OF THE ABOVE BOXES TO INDICATE WHICH TYPE OF REPORT IS BEING AMENDED

Summary of activity since last filed report

1	Beginning balance (ending balance from previous filing)		1	
Cash Contributions				
2a	Itemized cash contributions (total from Form 2)	2a		
2b	Non-itemized cash contributions	2b		
2c	Non-itemized employee payroll contributions	2c		
2d	Total cash contributions (add lines 2a, 2b, and 2c)		2d	
In-Kind Contributions				
3a	Itemized in-kind contributions (total from Form 3)	3a		
3b	Non-itemized in-kind contributions	3b		
3c	Total in-kind contributions (add lines 3a and 3b)	3c		
Receipts from Other Sources				
4	Total receipts from other sources (total from Form 4)		4	
Expenditures				
5a	Itemized expenditures (total from Form 5)	5a		
5b	Non-itemized expenditures	5b		
5c	Total expenditures (add lines 5a and 5b)		5c	
6	Ending balance (add lines 1, 2d, & 4, then subtract line 5c)		6	

Sworn to and subscribed before me this _____ day of _____ of the year _____. My commission expires the _____ day of _____ of the year _____.

 Signature of Notary Public

 Printed Name of Notary Public

As required by the Alabama Fair Campaign Practices Act, I hereby swear or affirm to the best of my knowledge and belief that the attached report(s) and the information contained herein are true and correct and that this information is a full and complete statement of all contributions, expenditures, and other required information during the applicable period of time.

 Signature of Chairperson or Treasurer of Political Committee

 Date

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** in-kind contributions or loans on this form. Use Forms 3 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	SOURCE OF CONTRIBUTION (CHECK ONE)						DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Business or Corporation	Individual	PAC	Other	Returned			
	TOTAL CASH CONTRIBUTIONS THIS PAGE								

FORM REVISED 10.29.99

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or loans on this form. Use Forms 2 and 4 for those listings.

CONTRIBUTOR (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	NATURE OF CONTRIBUTION (CHECK ONE)										SOURCE (CHECK ONE)					DATE CONTRIBUTION RECEIVED (mo./day/yr.)	AMOUNT OF CONTRIBUTION
		Administrative	Advertising	Consultants/ Polling	Equipment	Food	Rent	Transportation	Other	Business/ Corporation	Individual	PAC	Other					
	TOTAL IN-KIND CONTRIBUTIONS THIS PAGE																	

FORM REVISED 10.29.99

FORM 4: RECEIPTS FROM OTHER SOURCESLOANS/INTEREST/OTHER SOURCES OF
INCOME TO POLITICAL COMMITTEE

NAME OF POLITICAL COMMITTEE: _____ PAGE _____ OF _____

The FCPA requires that those contributions greater than \$100 be itemized. **DO NOT LIST** cash or in-kind contributions on this form. Use Forms 2 and 3 for those listings.

SOURCE OF RECEIPT (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	FORM OF RECEIPT			COMPLETE THIS BLOCK IF RECEIPT IS A LOAN GUARANTORS [FCPA REQUIRES FULL NAME AND COMPLETE ADDRESS OF INDIVIDUAL(S) ENDORISING OR GUARANTEEING LOAN]	RECEIPT SOURCE (CHECK ONE)						DATE RECEIVED (mo./day/yr.)	AMOUNT OF RECEIPT
		Interest	Loan	Other		Lending Institution	PAC	Individual	Business	Other			
TOTAL RECEIPTS THIS PAGE													

PERSON/GROUP/BUSINESS RECEIVING EXPENDITURE (INCLUDE FULL NAME)	ADDRESS (ADDRESS SHOULD INCLUDE STREET OR P.O. BOX, CITY, STATE, AND ZIP)	PURPOSE OF EXPENDITURE (CHECK ONE)											DATE OF EXPENDITURE (mo./day/yr.)	AMOUNT OF EXPENDITURE
		Administrative	Advertising	Consultants/ Polling	Contribution	Food	Fundraising	Loan Repayment	Lodging	Transportation	OTHER GIVE BRIEF EXPLANATION			
FORM REVISED 10.29.99	TOTAL EXPENDITURES THIS PAGE													